

In re \_\_\_\_\_,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ _____
a. Are real estate taxes included? Yes _____ No _____	
b. Is property insurance included? Yes _____ No _____	
2. Utilities: a. Electricity and heating fuel	\$ _____
b. Water and sewer	\$ _____
c. Telephone	\$ _____
d. Other _____	\$ _____
3. Home maintenance (repairs and upkeep)	\$ _____
4. Food	\$ _____
5. Clothing	\$ _____
6. Laundry and dry cleaning	\$ _____
7. Medical and dental expenses	\$ _____
8. Transportation (not including car payments)	\$ _____
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ _____
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$ _____
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other _____	\$ _____
c. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other _____	\$ _____
18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	<div>\$ _____</div>
19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: _____	
20. STATEMENT OF MONTHLY NET INCOME	
a. Total projected monthly income	\$ _____
b. Total projected monthly expenses	\$ _____
c. Monthly net income (a. minus b.)	\$ _____

[Chapter 12 and 13 Debtors Only: State amount and whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.]

21. Total amount to be paid into plan \$ \_\_\_\_\_ each \_\_\_\_\_ (interval).